

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/054,650

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 20	Minus	** 20	= /
	Independent	* 5	Minus	*** 5	= /
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 25=	/
X100=	/
+180=	/
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$50=	/
X200=	/
+360=	/
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	

OR

OR

OR

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	


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PTO:SB/22(12-G-2)

Approved for use through 07/31/2006. OMS 2851-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <small>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</small>		Docket Number (Optional) ML 0174 PUS	
Application Number 10/054,650		Filed October 18, 2001	
For DUAL FUNCTION MIRROR MOUNT		RECEIVED CENTRAL FAX CENTER JAN 26 2005	
Art Unit 3532		Examiner Marsh, Steven M.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0476</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,771</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u></u> Signature		<u>1/26/05</u> Date	
<u>R. Scott Vincent</u> Typed or printed name		<u>248-223-9500</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

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